

Incident Report

Print Date/Time: 07/20/2016 11:01

Login ID: ss0143

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00008483

Incident Date/Time: 5/5/2016 2:41:09 PM

Location: VERNON RD / 11TH ST NE

LAKE STEVENS WA 98258

Phone Number: (425) 354-9135

Report Required: No Prior Hazards: No LE Case Number:

Incident Type: Collision
Venue: Lake Stevens

 Source:
 911

 Priority:
 3

 Status:
 3

Nature of Call:

Unit/Personnel

UnitPersonnel19D2SS0132-Kilroy19D3SS0134-Lyons

Person(s)

No. Role Name Address Phone Race Sex DOB

1 Reporting Party JAMES (425) 354-9135

2 Driver WHITE, JAMES Male 09/14/1987

STEWART

Vehicle(s)

Role Type Year Make Model Color License State

Disposition(s)

Disposition Count

S 1

R 1

Property

Date Code Type Make Model Description Tag No. Item No.

CAD Narrative

05/05/2016 : 14:42:23 sp0251 Narrative: RP IN A MAIL TRUCK 05/05/2016 : 14:42:18 sp0251 Narrative: RUNNING VEH HAULING A TRAILER LSH TOWARDS LUNDEEN

05/05/2016: 14:42:17 SP0403 Narrative: AA

05/05/2016: 14:41:52 sp0251 Narrative: CC, JO, HIT AND RUN

	STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E541014	5 1 27												
1850	INTERSTATE CITY STREET V RESULTED CASE # 2016-0008483													
1 1	STATE ROUTE OTHER OTHER LOCAL AGENCY CODING													
2 1	COUNTY RD PRIVATE WAY HIS RUN NVOLVED TOTAL # OF OBJECT 1	1 8 28												
	RESERVATION 2 STRUCK 2													
3 '	M M D D V Y Y Y TIME (2400) COUNTY # MILES CITY #													
4	ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO.													
4a	MILE POST	0 1 29												
5	DISTANCE OF (REFERENCE OR CROSS STREET) OF (REFERENCE OR CROSS STREET) OF (REFERENCE OR CROSS STREET)													
	UNIT 01 MOTOR VEHICLE PEDAL- CYCLE DAMAGE THRESHOLD MET YES NO V	0 9 30												
6	LAST NAME UNKNOWN FIRST NAME MIDDLE INITIAL													
	STREET NEW ADDRESS													
7	CITY ST ZIP 1	1 2 31												
8	CDL RESTRICTIONS ENDORSEMENTS 2													
9 9	DRIVER'S LICENSE # SEX U D.O.B. MMDDYYYY													
10 9	ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE INJURY 1 NATURE OF INJURIES	1 2 32												
11 2 5	LICENSE UNKNOWN STATE WA VIN#													
12 0 0	TRAILER PLATE # UNKNOWN STATE WA TRAILER PLATE # STATE													
13 4	VEH. YEAR MAKE MODEL STYLE PK VEHICLE TOWED YES NO TOWED BY GOVT. VEHICLE YES NO TOWED BY	FROM TO 33												
14 4	REGISTERED OWNER INFO. VEHICLE NO. 1 SHADE IN DAMAGED AREA LIABILITY INSURANCE CO	FROM TO												
15 2	NEFFECT STANDING YES NO CITATION # CHARGE	5 9 34												
	UNIT 02 MOTOR PEDAL- PEDESTRIAN PROPERTY OWNER D: 4253974904	9 35												
16 2	LAST NAME WHITE FIRST NAME JAMES MIDDLE INITIAL S	4 36												
17	STREET NEW ADDRESS 225 225 PL SW	37												
18	CITY BOTHELL ST WA ZIP 980210000	38												
19	CDL RESTRICTIONS ENDORSEMENTS	39												
20	DRIVER'S LICENSE # WHITEJS1300M SEX M D.O.B. MMDDYYYY 09 - 14 - 1987	40												
21	ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET USE CLASS 1 NATURE OF INJURIES													
22	LICENSE PLATE # 7204900 STATE WA VIN# 1GBBS10EJ2302436													
23	TRAILER PLATE # STATE TRAILER PLATE # STATE	41												
24	VEH. YEAR MAKE MODEL STYLE PD VEHICLE TOWED BY GOYT-VEHICLE YES NOW	42												
	REGISTERED OWNER INFO. VEHICLE NO. 2 SHADE IN DAMAGED AREA LIABILITY INSURANCE V INSURANCE CO USPS INSURANCE SELF INSURED & POLICY # 9 TOP													
or T	LABILITY INSURANCE INSURANCE CO USPS INSURANCE SELF INSURED NEFFECT VEHICLE YES NO CITATION # CHARGE CHARGE													
25	BADGE OR ID # AGENCY WA0311900													
26	PAGE 01 OF 4													





CORRECTION

REPORT NO.

E541014

CASE# 2016-0008483 ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY) NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. MMDDYYY SEX NATURE OF INJURIES HELMET USE UNIT # AIRBAG RESTR. EJECT PASSENGER [| WITNESS | NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. SEX NATURE OF INJURIES HELMET USE UNIT # AIRBAG EJECT PASSENGER WITNESS NAME (LAST, FIRST, MIDDLE INITIAL) ADDRESS & PHONE # D.O.B. SEX NATURE OF INJURIES INJURY CLASS SEAT POS. HELMET USE UNIT # AIRBAG RESTR. EJECT PASSENGER [WITNESS **NARRATIVE** Unit 1 was pulling a trailer and traveling north on Vernon Rd in the 1100 block. Unit 2 was stopped on the east side of Vernon Rd in the 1100 block delivering mail. Unit 1 came too close to unit 2 and hit the left mirror of unit 2. The driver of unit 2 did not see who the driver of unit 1 was. Unit 1 was at fault but did not appear to know he hit unit 2.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST, DET DATED PLACE SIGNED	
APPROVED BY DATE	
SGT. C. VALVICK 0071 5/7/2016 6:26:25 PM	
BADGE OR ID # #0132 ORI # WA0311900 TIME POLICE DISPATCHED 2:42 PM TIME POLICE ARRIVED 2:50 PM	1

PART B 3000-345-160 R (7/06)

OF



J. KILROY #0132

BADGE OR ID #

INVESTIGATING OFFICER'S SIGNATURE

#0132

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SUPPLEME		REPORT NO. E541014	Page: 5 o
POLICE TR	REPORT	CASE # 2016-0008483	
COMMER	CIAL MOTOR CARRIER	INTERSTATE INTRASTATE	\blacksquare
UNIT #	2 USDOT	ICC# VEHICLE TYPE CARGO BODY TYPE	
CARRIER NAME		1	28
CARRIER ADDRESS			
CITY		ST ZIP	
NAME SOURCE	AXLES 00 GVWR 0	PLACARD + NAME IF NO NUMBER	29
ADDITION	AL UNITS		
UNIT #	MOTOR PEDAL- PEDESTRIAN	N PROPERTY DAMAGE THRESHOLD MET PHONE YES NO PHONE	
LAST NAME		FIRST NAME MIDDLE INITIAL	30
STREET NEW ADDRESS		L	
CITY		ST ZIP	
CDL	RESTRICTIONS	ENDORSEMENTS 1	31
DRIVER'S LICENSE #		STATE SEX D.O.B. MMDDYYYY 2	\dashv
ON DUTY	STATUS AIRBAG RESTR. EJECT	HELMET INJURY CLASS NATURE OF INJURIES	\dashv
LICENSE PLATE #	STATE	VIN#	32
TRAILER PLATE #	STATE	TRAILER PLATE # STATE 2	
VEH. YEAR	MAKE MODEL STYLE	VEHICLE TOWED TOWED BY YES NO TOWED BY YES NO 3	
REGISTERED OWN		SHADE IN DAMAGED AREA	
LIABILITY INSURANCE IN EFFECT VEHICLE YES LEGALLY STANDING	INSURANCE CO & POLICY # NO CITATION #	CHARGE 1 9 TOP 5	FROM TO 33
UNIT #	MOTOR PEDAL- PEDESTRIAN	I I PROPERTY I I ■DAMAGE IHRESHOLD MEI ■ FRONE	FROM TO
LAST NAME		FIRST NAME MIDDLE INITIAL	
STREET NEW ADDRESS		INITIAL	35
CITY		ST ZIP	36
CDL	RESTRICTIONS	ENDORSEMENTS	37
DRIVER'S LICENSE #		STATE SEX D.O.B	39

NEW ADDRESS																							
CITY													ST			ZIP							
CDL		RESTRICTIONS										ENDORSEMENTS											
DRIVER'S LICENSE #										STA	ATE			SEX	,		D.B. DYYYY		[-			
ON DUTY		STATUS		AIRBAG	RE	ESTR.		EJECT		HELI			INJU CLA	RY SS		1	NATURE	OF INJUI	RIES				
LICENSE PLATE #	CENSE ATE #								VIN#														
TRAILER PLATE #							STATE			TRAILER PLATE #										STATE			
VEH. YEAR		MAł	ΚE		MODEL			STYLE			VEHICL YES	TOV	VED	TOW	ED BY						GO' YES	VT. VEHIC NO	
REGISTERED OWNER INFO.											SHADE	IN DAMAG	ED AREA										
LABILITY INSURANCE INSURANCE INSURANCE O & POLICY #											15	9 TOP											
VEHICLE, Y	YES NO CITATION # CHARGE																			√ 10 BOTT	OM		

05-06-16 08:51 AM

APPROVED BY VALVICK

DATED:

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

UNIT OR DIST DET

ORI **WA0311900**

PAGE 3 OF 4

PLACE SIGNED

DATE/2016

40

41 42

REPORT NO. E541014

CASE# 2016-0008483

DATE AND TIME 05/05/16 14:40



